

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 18 / 2012</div> </div>		
Full Name (Last, First, Middle Initial) of Payee AFL-CIO			Date <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 08 / 24 / 2012</div>		
Mailing Address 815 Sixteenth Street, N.W.			Amount <div style="border: 1px solid black; padding: 2px;">2646.42</div>		
City Washington State DC Zip Code 20006-4101		Transaction ID : D447557			
Purpose of Expenditure Robo Calls		Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">6981.43</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Full Name (Last, First, Middle Initial) of Payee			Date <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px;"></div>		
City State Zip Code		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"></div>					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px;">2646.42</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px;">2646.42</div>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Ms. Elizabeth H Shuler</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 12 / 17 / 2012</div></p>					